PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  VIV - 3486 : -415												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OF	OTHE	R THAN ENTITY
Ľ	OTAL CLAIM	3	0				RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OF	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			30 minus 20=		· 10		ľ	XS 9=		OR		180
INDEPENDENT CLAIMS			2 minus 3 =		e			X43=		7	Yes	1/20
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT						+	- OR		
٠,	f the differenc		+145=	<del> </del>	JOR		00					
CLAIMS AS AMENDED - PART II									<u> </u>	JOR		950
(Column 1) (Column 2)						(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	]	RATE	ADDI- TIONAL FEE
	Total	.32	Minus	-3	0	-2		XS 9=		OR	XS18=	36.
A	Independent	PATTATION OF "	Minus	954(D54)7	2	-	- [	X43≈	$\Pi$	OR	X86=	
<b>L</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	$\Pi$	OR	+290=	
•								TOTAL		1	TOTAL	986
ADDIT. FEE												400
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		MIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE :	ADDI- TIONAL FEE
	Total ·	•	Minus	-		•		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MIL	Minus	SENIDENT (	N A 13.6			X43≈ .		OR	X86=	
	I INO PRESC	IVALION OF MA	CHIPLE UE	-chueni (	MIAL			+145≎		OR	+290=	
•					•	• •	A	TOTAL DOIT. FEE		OR	TOTAL ODIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS NIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		*		X\$ 9=		OR	X\$18=	
AME	Indep ndent		Minus	***		*		X43=		OR	X86=	
	PINST PHESE	NTATION OF MU	LITPLE DEF	ENDENT C	LAIM			145				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  Apper Sec.  OR +290=  TOTAL  OR PORT SEC.												
	the Highest Nur	nber Previously Pai riber Previously Pai ber Previously Paid	d For IN THE	S SPACE is le	ese than	3 enter "3"		DIT. FEE			DOIT. FEEL	